

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
UNIT OF HOME CARE AND REHABILITATIVE STANDARDS
PACKET INFORMATION REQUEST ORDER FORM

NAME		COMPANY NAME		
STREET ADDRESS				
CITY	STATE	ZIP	TELEPHONE NO.	
QTY	PACKET DESCRIPTION			TOTAL
	Home Health - State Licensure and Medicare Certification <i>An entity operating as a licensed/certified home health agency must offer two skilled services on an intermittent basis, one of which must be skilled nursing. This packet will provide you with the requirements and necessary paperwork to complete both licensure and Medicare Certification processes.</i>			25.00
	Home Health - State Licensure (In-State) <i>An entity operating as a licensed home health agency must offer two skilled services on an intermittent basis. This packet will provide you with the requirements and necessary paperwork to complete the licensure process.</i>			20.00
	Home Health - State Licensure (Out-of-State with physical location in MO) <i>A home health agency is allowed to establish a branch location within the state using their home state's Medicare certification. This packet will provide you with the requirements and necessary paperwork to complete the licensure process.</i>			20.00
	Home Health - Change of Ownership (License Only) <i>This packet includes all the necessary paperwork required by RSMo 197.420 prior to a change of ownership.</i>			15.00
	Home Health - Change of Ownership (License/Medicare Certified) <i>This packet includes all the necessary paperwork required by 42 CFR 489.18 and RSMo 197.420 prior to a change of ownership.</i>			25.00
	Hospice - State Certification and Medicare Certification <i>This packet will provide you with the requirements and necessary paperwork to complete both state certification and Medicare Certification processes.</i>			25.00
	Hospice - State Certification (In-State) <i>This process would include any type of entity advertising as offering hospice services and extracting a charge for those services. This packet will provide you with the requirements and necessary paperwork to complete the state certification process.</i>			20.00
	Hospice - State Certification (Out-of-State with physical location in MO) <i>RSMo 197.258 (5) prohibits hospices located in bordering states from serving patients in Missouri without establishing a branch location. This packet will provide you with the requirements and necessary paperwork to complete the state certification process.</i>			20.00
	Hospice - Change of Ownership (State-Certification Only) <i>This packet includes all the necessary paperwork required by RSMo 197.256 (1) prior to a change of ownership.</i>			15.00
	Hospice - Change of Ownership (State Certification/Medicare Certified) <i>This packet includes all the necessary paperwork required by 42 CFR 489.18 and RSMo 197.256 (1) prior to a change of ownership.</i>			25.00
	Outpatient Physical Therapy (Medicare Certification) <i>This packet includes all the necessary paperwork required by 42 CFR 485.703-485.729 to complete the Medicare Certification process.</i>			NA
	Comprehensive Outpatient Rehabilitation Facility (Medicare Certification) <i>This packet includes all the necessary paperwork required by 42 CFR 485.54-485.70 to complete the Medicare Certification process.</i>			NA
RETURN TO: Attn: Financial Services, Missouri Department of Health and Senior Services, Unit of Home Care and Rehabilitative Standards, P.O. Box 570, 912 Wildwood Drive, Jefferson City, Missouri 65102. Payment due upon receipt. Copy of invoice must accompany payment and order will be shipped within two weeks of receipt.				Subtotal _____ Shipping/Handling <u>2.50</u> Pay This Amount _____